

International Programs

820 N. Washington Avenue
Learning Engagement Center
Madison, SD 57042
(605) 256-5744 international@dsu.edu

Faculty-Led International Travel Proposal

| Program Working Title: |
|--|
| Person Submitting Proposal: |
| Submission Date: |
| Proposal Checklist |
| Faculty Leader |
| Submitted Faculty-Led Program Proposal Form |
| Developed syllabus for each course and attached to program proposal |
| Included Program Provider information (proposal, itinerary, and budget), if applicable, in program proposal Included detailed Itinerary (including dates and time frames within each day) in program proposal |
| Included Budget Worksheet in program proposal |
| IMPORTANT: International Programs Office (IPO) will acquire all signatures from College Deans and Academic Council. Faculty members should sign and submit proposal and supporting documents directly to IPO. The Faculty-Led Program will not be considered if Proposal is not filled out completely. |
| Faculty Leader/Instructor of Record |
| Primary Faculty Leader: Title: |
| Telephone: Email: |
| Contact Information during program: |
| Sponsoring Program: |
| College Dean: |
| Additional Leaders |
| Co-Leader: Title: |
| Academic Responsibility: Yes No If yes, please explain: |
| Co-Leader: Title: |

No If yes, please explain: _____

Academic Responsibility:

Brief Program Description

Program Learning Objectives

Program Logistics Faculty-Led Program Site(s) [Cities & Countries]:

Course Prefix and Name: _____ Course Dates: From _____ To: _____

On-site Duration (in-days): _____ On-site Dates: Depart from US _____ Return to US _____

Language Required: ______ Language Proficiency Required: _____

If no language requirement, how will students cope with any language barriers?

Proposed Itinerary

| Proposed Departure Date: | Proposed Return Date: | |
|--------------------------|-----------------------|--|

| Itinerary (Provide travel itinerary and detailed day-to-day activities) | | | | |
|--|-------------|----------------------------|----------------------------|--|
| ate | Time | Location & Activity | | |
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| udent E | nrollment | | | |
| | | | Maximum: | |
| | | | e trip go: | |
| at is the | minimum nur | mber required to cover the | e expenses of a Co-Leader: | |

Participant Eligibility Requirements: (i.e. major, academic standing, minimum GPA, prerequisites, etc.)

Do you anticipate students from other institutions enrolling in the program?

If yes, from which institutions?

Yes

No

Faculty-Led Program Staffing

List Leader Qualifications: Include information such as previous international travel, experience traveling with students, experience managing group travel. Since leading a program requires working closely with students, providing constant oversight, and experience handling emergency and administrative responsibilities, please also address those issues, as well as experience with the course content

Leader Experience in Host Country: *Include information on previous international travel in this country. If you have not previously traveled to the host country, please explain how you will maximize the travel experience for the students, such as using a program provider.*

Program Provider Information (Third Party Vendor/Agency/Host Institution)

| If planning to use more than one third party vendor, provide | the following information for each one. | | | |
|---|---|--|--|--|
| Organization Name: | · | | | |
| Contact Person Name: | | | | |
| Address (Street, City, State/Province, Country, Postal Code): | | | | |
| | | | | |
| Telephone: | Fax: | | | |
| Website: | _ Email: | | | |
| Description of Organization/Agency/Provider/Host Institution: | | | | |
| | | | | |
| What services will the organization provide prior to departure? | | | | |
| | | | | |

What services will the organization provide on-site?

Proposed Courses

List each course that will be offered as part of the Faculty-Led Program.

| Course Prefix | Course | Course Title | Language of | Credit | Contact | Instructor |
|---------------|--------|--------------|-------------|--------|---------|------------|
| | Number | | Instruction | Hours | Hours | |
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| Can the course(s) be taken to fulfill (c | neck all that apply)? |
|--|-----------------------|
| can the course(s) be taken to railin (c | reak an that apply). |
| Major/Minor Requirements | Courses: |
| Elective Credit | Courses: |
| General Education | Courses: |
| | Courses: |

Syllabus Guidelines

A syllabus for each course listed above must be attached to this proposal and must include learning outcomes related to each site destination within the Faculty-Led Program. These student learning outcomes must be appropriate for/align with the goals already in place for the curriculum categories chosen above.

Outline how many contact hours are planned for each course. This should include any coursework that students must complete prior to departure. Describe any post-program activities/events that are designed to help students process their study away experience. (Note: Board of Regents policy 2:12 requires 15 contact hours per each credit hour awarded.)

- Describe how the intended student learning outcomes will be assessed and how such an assessment will be accomplished.
- Describe how the success of the Faculty-Led Program itself will be evaluated.

Budget Worksheet

All Faculty-Led Programs are expected to be self-supporting, which means all related expenses should be managed through student fees and/or external funds. At the same time, it is also important that Faculty-Led Programs are affordable for students. Faculty expenses such as airfare, room and per diem are generally covered by the Program Fee paid by students and therefore must be included in the budget below. Understand that the tuition/fees and Program Fee should approximately equal or exceed the cost of the program leadership. If the Faculty-Led Program enrollment justifies a Co-Leader, be sure to include those expenses in the Budget Worksheet. Faculty and their deans should discuss questions related to teaching workload prior to submitting this proposal. You are expected to work closely with the IPO for student payment plans, payments to entities abroad, and overall budget management. It is also very important that you are aware of the refund policies of all vendors before any pre-payment is made.

Below is a typical example of a Faculty-Led Program budget. You must however submit a budget that details all costs, and your costs must be based on quotes and not personal estimates. Generally, 8-12 students is the minimum needed for a Faculty-Led Program to be offered, depending on the faculty salary and related expenses.

| nder Expenses | | | | |
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| \$13.31 per week (per leader) | | | | |
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| Co-Leader Expenses (if justifiable) | | | | |
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| https://portal.sdbor.edu/dsu-fac-staff/faculty- | | | |
|---|--|--|--|
| staff-resources/business- | | | |
| office/travel2/Pages/default.aspx | | | |
| Books & Supplies, if applicable: | | | |
| Health Insurance (international only): | \$13.31 per week (per leader) | | |
| Airfare: | | | |
| Museum, play, tour entrance fees: | | | |
| On-site Travel (trains, buses, taxis, etc.,): | | | |
| Immigration (passport, visas, photos, etc.): | | | |
| Immunizations/Inoculations: | | | |
| Total: | | | |
| | | | |
| Student Included Expenses (items | below included in total cost of program) | | |
| Study Away Charge: IPO | \$50 | | |
| Tuition (calculate at self-support rate) 1-3 credit: | | | |
| Room/double occupancy (specify which meals <i>are</i> covered by room fees): | | | |
| Board (specify which meals <i>aren't</i> covered by room fees or other inclusive arrangements on the program): | | | |
| Books & Supplies, if applicable: | | | |
| Health Insurance (international only): | \$13.31per week (per student) | | |
| Airfare: | | | |
| Museum, play, tour entrance fees: | | | |
| On-site Travel (trains, buses, taxis, etc.,): | | | |
| Program Charge (used to pay leader expenses) | \$300 (per student) | | |
| Total: | | | |
| Additional Student Expenses – students expected to pay for the following out of pocket on | | | |
| · | rogram | | |
| Meals not covered above: | | | |
| Immigration (passport, visas, photos, etc.) | | | |
| Immunizations/Inoculations: | | | |
| Suggested amount of personal money: *Students should consider additional attractions, plays, or events they may want to attend and currency conversion charges. | | | |

Signatures

Provide signatures from the primary faculty leader, co-leaders, and logistical leaders (where applicable)

I have reviewed the Faculty-Led Program Guidelines Document. To the best of my knowledge, research, and ability, the information provided on the proposal is true and accurate. I understand that the tuition generated by the students enrolled in the program must be sufficient to cover the workload costs for me as the program leader. If that is not the case, then I agree to lead this program without compensation and cover my own expenses. I will work with the International Programs Office to ensure: all participants are eligible to study away on a DSU program, program charges and payment schedules are appropriate, and required participant study away paperwork is collected.

| Primary Faculty Leader Name | Signature | Date |
|-----------------------------|---------------|----------|
| Co- Faculty Leader Name | Signature | |